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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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EXPRESS MAIL NO.: EL617038942US

Attorney Docket No.

PROV1100-1

First Named Inventor

Robert E. Krall

Original Patent Number

6,037,366

Original Patent Issue Date
(Month/Day/Year)

March 14, 2000

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims See 37 CFR 1.173 (c)
11. ☒ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: **Petition to Make Special**
Prohold Medical Corporation..
(name change)

18. CORRESPONDENCE ADDRESS



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NAME (Print/Type)

Lisa A. Haile, J.D., Ph.D.

Registration No. (Attorney/Agent)

38,347


Signature

Date

March 30, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) PROV1100-1		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B) 16 -20	**** 0 =	x \$ _____ =	or	x \$ _____ =		
(C)	Independent claims (37 CFR 1.16(i))	(D) 6 -3	* 3 =	x \$ 40 =		x \$ _____ =		
Basic Fee (37 CFR 1.16(h))				\$355.			\$ _____	
Total Filing Fee				\$475.		OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20)</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1355 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 475.00 to cover the filing / additional fee is enclosed. (Check# 473210)</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<p>March 30, 2001 Date</p>				<p> Signature of Applicant, Attorney or Agent of Record</p> <p>Lisa A. Haile, J.D., Ph.D. Typed or printed name</p>				